



**North Carolina Department of Health and Human Services  
Division of Facility Services  
Licensure and Certification Section  
Acute and Home Care Branch  
2712 Mail Service Center  
Raleigh, North Carolina 27699-2712**

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**HOME CARE AND HOSPICE LICENSURE SURVEY CHECKLIST**

In order to assist agencies in their efforts to prepare for initial licensure survey and to comply with the North Carolina Rules Governing the Licensure of Home Care Agencies, you are advised to have the following list of items ready for review at the time of the survey.

**POLICY AND PROCEDURE REVIEW**

**I. Administrative Policies and Procedures - to include the following at a minimum:**

1. Agency Organization Chart {.1001 a 8}
2. Provide evidence of the existence of premises where agency will operate. (Light bill, lease **agreement**, ownership documents, etc.) {.0903 a, b, c, d}
3. Geographic Service Area(s) for each service (Counties where providing service) (.1001 g)
  4. Agency Director Job Description  
(Qualifications & Specific Responsibilities) {.1001 b, d and e}
  5. Service Supervisor Job Description  
(Qualifications & Specific Responsibilities) {.1001 c and d}
  6. Job Description for Each Service Category  
(Qualifications & Specific Responsibilities) {.1003 c}
  7. Annual Budget (projected for new agencies/Expenses and Revenue) {.1002 a}
  8. Infection Control Policies, (Follow OSHA Guidelines) including: {.1003 a}
    - a. Bloodborne Pathogen Training Policy and Record of Curriculum Content, Trainer and Training Session Dates
    - b. TB and Hepatitis B Policy
    - c. Exposure Control Plan, including:  
Risk Categories Identified (Employees with patient/client contact)
    - d. Post-Exposure Follow-up Procedures
  9. Annual Program Evaluation Policy {.1004 a-e}
  10. Quarterly Client Record Review Policy (for Home Care agencies only)  
(ICT –Interdisciplinary Care Team-meetings for Hospice only) {.1004 d}

**II. Client Care Policies and Procedures**

1. Client Rights Policy {.1007 a-d}
2. Client Complaint Policy, including appropriate state hotline number for filing complaints. {.1007 d}
3. Service Policies as applicable including, but not limited to: {.1102 thru.1109}
  - a. Nursing, PT, ST, OT, MSW, (volunteer services, bereavement for Hospice), Infusion, Respiratory including on-call for nursing infusion and respiratory for Home Care
  - b. In-Home Aides, including:
    1. Appropriate documentation of training and competency checks (how do you verify competencies?)
    2. Quarterly Supervision of Aides for Home Care, every 2 weeks for Hospices {.1110 d-I}
4. Admissions Policy {1101 1-8}
5. Policy for Coordination when referring clients to and from other Community Services for Home Care {.1001 a 11} & {.1101 8}

Home Care and Hospice Licensure Survey Checklist



Location: 1205 Umstead Drive (Lineberger Building) » Dorothea Dix Hospital Campus » Raleigh, N.C. 27603  
An Equal Opportunity / Affirmative Action Employer



6. Discharge Policy {.1402 2 d & e }
7. Plan of Care Policy with Quarterly Plan of Care Reviews {.1202 a - d }
8. Medication and Treatment Orders Policy {.1301 1-8 }
9. Service Records Policy {.1401 and .1402 }
- a. Storage of Records
- b. Retention of Records
- c. Content of Records
  1. Admissions/Intake Data Record
  2. Client Assessment Data
  3. Care Plan, Including Problem ID/Goals/Intervention
  4. Service Data Record
  5. Record of Supervisory Visits
  6. Care Plan Updates
  7. Clients Rights Form
  8. Physician's Orders (Signed)
  9. Advance Directives - if addressed in agency policy.

**III. Personnel Policies and Procedures** - to include the following at a minimum: {.1003 & .1110 }

1. Employee Orientation Policy
2. In-Service Training Policy and Records of Curriculum
3. Employee Annual Performance Evaluation Policy
4. Personnel Records, Content, Access, Storage & Retention Policy
5. Policy defining the agency's Method of Validating Competency Skills
6. Criminal Background Investigation Policy (State Bureau of Investigation)

**IV. Personnel Records**

1. **For initial licensure survey** – Please bring **completed personnel records** for:
  - a. agency director
  - b. service supervisor
  - c. 2 complete personnel records for each service/discipline requested on the Initial Application. (Hospices should include bereavement coordinator, patient care coordinator, medical director, volunteer coordinator and volunteers.)
2. Each Personnel Record should include:
  - a. Employee Name
  - b. Job Title
  - c. Application
  - d. Date of Hire
  - e. Documentation of Education and Training
  - f. License Verification - (Nurses-NC Bbd. Verification) & (Certificate of Training for CNAs/Aides)
  - g. Orientation and In-Service
  - h. Job Description (signed)
  - i. Validation of Skills (Checklist)–Signed by appropriate supervisor
  - j. Bloodborne Pathogen Training Verification
  - k. Hepatitis B and TB Status (appropriate verification)
  - l. Reference Checks and/or Verification of Previous Employment
  - m. Authorization to perform Criminal Background Investigation by SBI (signed)
  - n. Nurse Aide Registry Verification/Up-Date for Aides & CNAs

**V. Sample Patient Record/Forms Review**

**For initial licensure survey** –Bring **sample(s)** of all forms to be used for patient/client care documentation.